

**FILED**

**FEB 25 2008**

**RICHARD W. WIEKING**  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

**JSW**

**CLEAVON Y. FOSTER**

Plaintiff,

vs.

**DISTRICT ATTORNEY**

**KAMALA HARRIS** Defendant.

**CV**

**08**

**1125**

CASE NO.

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

**(PR)**

*E-filing*

I, \_\_\_\_\_, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Ø Net: Ø

Employer: - NONE -

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 - NA -

5 - NA -

6 - NA -

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 - NA -

22 - NA -

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: NA

25 Spouse's Place of Employment: NA

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ NA Net \$ NA

28 4. a. List amount you contribute to your spouse's support: \$ 0

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

- NA -

- NA -

5. Do you own or are you buying a home? Yes \_\_\_ No ☒

Estimated Market Value: \$ NA Amount of Mortgage: \$ NA

6. Do you own an automobile? Yes \_\_\_ No ☒

Make NA Year NA Model NA

Is it financed? Yes \_\_\_ No ☒ If so, Total due: \$ NA

Monthly Payment: \$ NA

7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: NA

NA

Present balance(s): \$ NA

Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ Ø

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_ No ☒

8. What are your monthly expenses?

Rent: \$ Ø Utilities: Ø

Food: \$ Ø Clothing: Ø

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
2 payable. Do not include account numbers.)

3 NA

4  
5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No ~~\_\_\_~~

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9  
10  
11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 2-10-08

17 DATE

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28  
Cleavon Foster

SIGNATURE OF APPLICANT